TENANT SCREENING/CREDIT CARD AUTHORIZATION

APPLICANT NAME:_____

PROPERTY ADDRESS:_____

Thank you for applying to rent this property. Your rental application will be processed by National Tenant Network Georgia. NTN will provide the screening reports necessary to evaluate your rental application. Reports include:

- TransUnion credit report
- Dispossessory check
- Employment verification(s)
- Landlord verification(s)
- Multistate Public Record criminal report

The *non-refundable* cost to process your rental application is $50 per applicant. This fee is paid directly to National Tenant Network Georgia using Visa, MasterCard, Discover or American Express.

I authorize GA Screeners LLC dba National Tenant Network Georgia to conduct the screenings necessary to process my rental application and to charge $_____to the credit card below. I understand that this is a one-time, *nonrefundable* charge to process my application.

Signature:_____Date:_____

Name as it appears on the card:_____

Billing address:_____

City:_____State:_____Zip:_____

Card Number:_____

Expiration date:_____Security Code:_____

FOR AGENT USE ONLY: I certify that I have viewed photo id for this applicant, that I have viewed this credit card and that the information is correct.

Signature:_____Phone number:_____

Email address:_____GREC License number:_____

CD, II PROPERTIES, LLC
P O BOX 99
DEMOREST, GA 30535
PHONE: 706-778-8001 **FAX: 706-778-5746**
marketing@cd2properties.com

LEASE APPLICATION

Date: _____

Name of Lease Applicant: _____

Date of Birth: _____ State & Drivers License Number: _____

Social Security #: _____ Phone #: _____

Current Address: _____

_____

Name and relationship of all other persons to occupy apartment:

Name	Relationship / DOB / Age
_____	_____
_____	_____
_____	_____

All persons who occupy the premises that are over 18 years of age must sign a permission to have a Criminal History Background Check performed. You must notify the Landlord if anyone moves into the unit after you have occupied and they must sign permission for a Criminal History Background check. If you intend to occupy the premises with more than 2 adults (adults are considered anyone over the age of 18 years) you must get specific written permission of the Landlord, otherwise such occupancy is not authorized. If you intend to occupy the premises with more than 4 people (adults and children) you should get written permission otherwise such occupancy is not authorized.

Employer Name: _____

Address: _____

Phone #: _____ Position: _____

Time & Hours Worked: _____

Length of Employment? _____ Gross Monthly Income: _____

Other income? _____

_____

BANKING INFORMATION

_____ _____ _____
Bank Name Branch Account Number

E-Mail Address _____

Is it ok to send you an e-mail regarding property information at the above address? _____Yes _____ No

List of cars that will be residing on property:

Make_____ Model_____ Year_____ Tag #_____

Make_____ Model_____ Year_____ Tag #_____

Parking Space in the units are limited. Any abandoned cars, junk cars, or non-operational cars (non-operational cars shall be those who are not movable and have not been repaired within 30 days of disability) will be towed and disposed of at Tenants expense.

In case of emergency, notify:

Name: _____ Relationship: _____

Address: _____

Phone #: _____

PERSONAL REFERENCES: Please List Name of Any Landlord or Rental Company from whom you have rented premises in the last 5 years. If you have not rented a premises in the last 5 years list two references:

Landlord/Reference Name_____

Landlord/Reference Address: _____

_____

Phone Number of Landlord or Reference: _____

Landlord/Reference Name_____

Landlord/Reference Address: _____

_____

Phone Number of Landlord or Reference: _____

State whether you have ever been charged with, pleaded Guilty to, or been convicted of, any crime other than Traffic Violations. ( ) YES ( ) NO If YES please explain

_____

_____

Have you or any other occupant of the property been convicted of or plead guilty or no contest to a felony/misdemeanor involving sexual conduct? ( ) YES ( ) NO If YES explain._____

Pets are subject to approval. Breed and weight restrictions apply. $500.00 fee (non-refundable) will apply to 1st pet, a $250.00 fee (non-refundable) will apply for a 2nd pet. An additional fee of $50.00 per month for the 1st pet will be applied, for two pets, an additional $25 for the second pet will be applied for a total of $75 per month for both pets, along with the signing of a pet agreement. NO MORE THAN TWO ANIMALS ARE ALLOWED

Do you have pets ( ) YES ( ) NO If YES # of pets_____, Breed _____, Weight _____, Age _____

Pets Name(s) _____

By execution of this application the Tenant acknowledges and agrees as follows:

- Rental rates are subject to change without notice pending full lease execution.
- **Pets are subject to approval. Breed and weight restrictions apply. $500.00 fee (non-refundable) will apply to 1st pet, a $250.00 fee (non-refundable) will apply for a 2nd pet. An additional fee of $50.00 per month for 1 pet will be applied, and an additional $25 for the 2nd pet will be applied for a total of $75 for both pets, along with the signing of a pet agreement. NO MORE THAN TWO ANIMALS ARE ALLOWED.**
- The applicant certifies that they are above legal age and the information in this application is true and correct.
- I understand that any lease agreement made based on the information contained in this application may be terminated at any time at the option of the Landlord if the information contained herein is found to be false.
- I authorize CD II, Properties, LLC to make oral and or written statements or disclosures of my Tenant records prior to, during or subsequent to my Landlord-Tenant relationship to third parties that may request them for legitimate business purposes.
- In lieu of an original signature to this agreement, CD, II Properties, LLC will accept a valid and legitimate electronic and/or facsimile signature of the applicant. In so doing, applicant, resident hereby acknowledges his/her endorsement and acceptance of this agreement, and he/she waives any challenge to validity of this agreement based on applicants' endorsement by electronic and/or facsimile signature.

The applicant understands that the conduct of any home-based business is strictly prohibited unless prohibited unless specifically approved by the Landlord prior to occupancy and a failure to get such permission shall be considered a violation of the Lease Agreement.

This is to certify that only those listed on this application will occupy the premises, and that this housing will be my permanent residence. This application and the contents thereof are considered part of my lease agreement and its terms and conditions shall be incorporated into the Lease Agreement and shall binding on the applicant as though a part of the Lease and any violation of the terms and conditions shall be a default in the Lease Agreement.

The undersigned makes application for an apartment and certifies that this information is correct. The undersigned authorizes management to contact any references that have been listed.

The parties understand and agree that a deposit of $_____ is required. The parties understand and agree that this deposit is in consideration of the landlord holding this apartment and conducting background and credit histories in consideration of formalizing a lease agreement. The parties understand and agree that the landlord will have lost opportunities and incur expense during this application process. In the event that the undersigned chooses not to enter into the rental agreement, the parties agree that in return for expenses and lost opportunities, the deposit will be waived and be forfeited as liquidated damages and not as a penalty. The parties understand that management reserves the right to refund the deposit of any applicant who is not approved.

This application is submitted by Applicant this_____ day of _____, 2026

_____
APPLICANT

_____
Leasing Agent
CD II Properties, LLC

CD, II PROPERTIES, LLC
PO BOX 99
DEMOREST, GA 30535

PHONE: 706-778-8001 **FAX: 706-778-5746**

AUTHORIZATON TO CONDUCT CRIMINAL BACKGROUND CHECK

TO: CITY OF DEMOREST
POLICE DEPARTMENT

I hereby authorize CD, II PROPERTIES, LLC, to receive any Georgia Criminal History record information pertaining to me which may be in the files of any State or Local Criminal justice agency in Georgia.

_____
FULL NAME (PRINT)

_____
ADDRESS

CITY: _____STATE_____ZIP CODE_____

_____	_____	_____	_____
SEX	**RACE**	**DATE OF BIRTH**	**SOCIAL SECURITY NUMBER**

_____
DRIVERS LICENSE NUMBER

_____ _____
SIGNATURE **DATE**

In lieu of an original signature to this authorization CD, II Properties, LLC will accept a valid and legitimate electronic and/or facsimile signature of the applicant. In so doing, applicant hereby acknowledges his/her authorization of this agreement, and he/she waives any challenge to validity of this authorization based on applicant's endorsement by electronic and/or facsimile signature.

CD, II PROPERTIES, LLC
PO BOX 99
DEMOREST, GA 30535

PHONE: 706-778-8001 **FAX: 706-778-5746**

AUTHORIZATON TO PERFORM CREDIT CHECK

This is to inform you that as part of your Lease Application a copy of a consumer credit report may be requested form a credit reporting agency to be used in approving your application. Information from this report will not be used in violation of any federal or state equal opportunity law or regulation.

Signing this form constitutes written authorization to seek a consumer credit report form a consumer credit reporting agency.

I acknowledge that I have received a copy of the above notice and that I authorize a copy of my Consumer Credit Report to be released to CD, II Properties, LLC.

So agreed this _____ day of _____, 2026

_____ _____

APPLICANT DATE

In lieu of an original signature to this authorization CD, II Properties, LLC will accept a valid and legitimate electronic and/or facsimile signature of the applicant. In so doing, applicant hereby acknowledges his/her authorization of this agreement, and he/she waives any challenge to validity of this authorization based on applicant's endorsement by electronic and/or facsimile signature.

NOTICE TO PROSPECTIVE TENANTS
CD, II PROPERTIES, LLC
OWNED AND MANAGED PROPERTIES

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YOU ARE ABOUT TO ENTER INTO A SERIES OF LEGAL DOCUMENTS REGARDING THE RENTAL OF ONE OF OUR RENTAL PROPERTIES. YOU SHOULD TAKE NOTICE THAT THESE ARE LEGAL DOCUMENTS AND ARE BINDING ON BOTH PARTIES. IN ORDER TO CLARIFY THE POSITION OF THE ABOVE ENTITIES REGARDING THESE DOCUMENTS THE FOLLOWING SHOULD BE CONSIDERED BY YOU PRIOR TO SIGNING THE DOUCMENTS.

Initial( ) FIRST: IF YOU PLACE A DEPOSIT WITH US AND DECIDE NOT TO LEASE FROM US FOR ANY REASON WE WILL RETAIN THE DEPOSIT AS LIQUIDATED DAMAGES WITHOUT ANY REFUND OR PRO-RATION.

Initial( ) SECOND: IF YOU HAVE PLACED A DEPOSIT WITH US AND PAID FIRST MONTHS RENTAL AND HAVE RECEIVED THE KEYS TO THE PREMISES AND DECIDE NOT TO LEASE FROM US YOU WOULD BE RESPONSIBLE FOR THE FULL SIX MONTH'S TERM OF THE LEASE AGREEMENT AND FORFEIT THE DEPOSIT AMOUNT.

Initial( ) THIRD: YOUR LEASE IS FOR A PERIOD/TERM OF 3 YEARS SUBJECT TO TERMINATION EACH SIX MONTHS DURING THE TERM OF THE LEASE. IN ORDER TO CANCEL THE LEASE AGREEMENT YOU MUST GIVE A 60 DAYS WRITTEN NOTICE OF YOUR INTENTION TO VACATE THE PREMISES PRIOR TO THE END OF THE SIX MONTH TERM, OTHERWISE YOU ARE OBLIGATED TO ANOTHER 6 MONTH TERM. LEASE MAY BE SUBJECT TO EARLY TERMINATION FEES AND LOSS OF SECURITY DEPOSIT, IF TERMINATED EARLY WITHOUT NOTICE

Initial(_____) FOURTH: THE UTILITIES TO YOUR UNIT MAY BE ACTIVE. WE WILL BE CANCELLING OUR SERVICE TO YOUR UNIT THE NEXT DAY AFTER YOU SIGN YOUR RENTAL AGREEMENT. THEREFORE, YOU SHOULD MAKE ARRANGMENTS TO HAVE UTILITIES IN YOUR NAME TO AVOID INTERRUPTION IN YOUR UTILITY SERVICE.

Initial(_____)BEFORE YOU PLACE A DEPOSIT ON A UNIT PLEASE BE SURE YOU HAVE READ AND UNDERSTAND THE CONSEQUENCES OF THE ABOVE STATED ITEMS. IF YOU ARE UNSURE OF YOUR DECISION TO RENT THIS UNIT YOU SHOULD NOT PLACE A DEPOSIT OR INCUR ANY OTHER LEGAL OBLIGATIONS FOR YOUR APARTMENT RENTAL UNTIL YOU ARE SURE OF YOUR DECISION.

Initial(____)YOUR SIGNATURE BELOW SIGNIFIES YOU HAVE READ AND UNDERSTAND THE ABOVE ITEMS, HAVE ASKED ANY QUESTIONS ABOUT THEM, AND ARE READY TO PROCEED UNDER ITS TERMS.

SIGNED THIS_____DAY OF _____, 2026

_____ _____

TENANT TENANT

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize _____ and National Tenant Network to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

☐ This authorization is valid for 90 days from date of signature.

_____ _____

Signature Date

Purpose Code Used: (check only one)

	NON-CRIMINAL JUSTICE PURPOSES
XXX	E – Employment/Housing
	M - Working with Mentally Disabled
	N - Working with Elderly
	W - Working with Children

Results:

	No Criminal Record Available
	Criminal Record (Attached/Released)
	Possible SO information
	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____